

NEW LICENSE APPLICATION BOARD OF NURSING

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at **1-877-244-1689**, Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)**

SECTION 1. REQUESTED LICENSE TYPE/FEES (includes	non-refundable	application fee	– see instr	uctions)	
LPN – Licensed Practical Nurse by Examination LPN – Licensed Practical Nurse by Endorsement RN – Registered Nurse by Examination RN – Registered Nurse by Endorsement APRN – First time applicant Advance Practice Registered Nurse by Endorsement (select one): Nurse Anesthetist	\$143.00 \$176.00 \$143.00 \$176.00 \$287.00 \$176.00 \$65.00 \$65.00 \$00	Make check or money order payable to Promissor. MAIL TO: Department of Health Health Professional Licensing Administration Board of Nursing 64 New York Avenue N.E., 1st Floor Washington, DC 20002 Walk-in Service 825 North Capitol Street, NE Suite 2224 Washington, DC 20002 HPLA ONLY Check \$ Check # Staff			
Total Enclosed	\$00	\$00			
SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORM	ATION				
Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.					
M M D D Y Y Y Y SOCIAL SECURITY NUMBER f applicant does not provide a social security number, a sworn affidavit is required.					
PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of birth.	☐ Male ☐ Female GENDER Please check the correct box.				
SECTION 3. SUPPORTING DOCUMENTS REQUIRED					
Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Nursing. Keep a photocopy of all supporting documents for your records.					
A. Two passport-type photo of the applicant's face (approx. 1" x 1") with applica	nt's name and SSN or	ı back.	YES NO		
B. If a graduate of a nursing school other than in the United States and Canada, an official transcript of your Council for Graduates of Foreign Nursing Schools (CGFNS) certificate. * no copies accepted.			YES NO		
Please indicate the country where your nursing school is located : USA Canada Other C. Official transcript (with seal) from the applicant's school of nursing, with cover letter from school. May be sent directly					
from the school, but is preferred that it accompany the application in a sealed envelope.			YES NO		
D. Copy of most and original current license from other state or territory.					
E. Verification from your original state Board of licensure. Please indicate state:			YES NO		
F. Verification from your most current (if different from original) state of licensure. Please indicate state:			YES NO		
G. Verification from Advanced Practice Registered Nurse Specialty Certifying Board Form.				П	
H. Copies of legal documents supporting all name changes.					

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SECTION 4. PREVIOUS NAMES
If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate
FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
FIRST NAME MI LAST NAME Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
FIRST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)
SECTION 5A. HOME ADDRESS
Even if you have a PO Box, a street address should also be provided, if applicable. ZIP code should correspond to the PO Box number.
☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER ☐ ☐ ☐
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
STATE ZIP CODE + 4
SECTION 5B. BUSINESS ADDRESS
Even if you have a PO Box, a street address should also be provided, if applicable. ZIP code should correspond to the PO Box number. <u>Please</u> note your business address will appear on the DOH website.
COMPANY NAME APARTMENT SUITE FLOOR PO BOX NUMBER
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
CITY
BUSINESS PHONE NUMBER BUSINESS FAX NUMBER BUSINESS FAX NUMBER E-MAIL ADDRESS E-MAIL ADDRESS
SECTION 5C. PREFERRED MAILING ADDRESS
Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.
□ HOME □ BUSINESS

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SE	CTION 6A. NURSING SCHOOLS ATTENDED						
	List all nursing schools that you have attended, in reverse chronological order, beginning with the most recent at the top.						
	MANDATORY FIELD School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Degr	Type ee/Ce	of rtificate	
-							
- -	COTION OR PROFESSIONAL LICENSES IN OTHER STATES!	UDISDICTIONS					
<u>s</u>	ICTION 6B. PROFESSIONAL LICENSES IN OTHER STATES/J List all states and jurisdictions in which you have ever held a license. Provide different).		from original and	current	jurisdi	ctions (if	
ſ	MANDATORY FIELD	Date License Was					
L	Jurisdiction	First Obtained	Obtained Licer		nse Number		
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3:	CTION 7. QUESTIONS – Applicants MUST answer all of the	ne following que	stions.				
	Please answer all of the following questions by placing an "X" in the appropriate below, you must provide full information and complete details on a separate sheet				ns B th	rough L	
A. I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.			YES	NO	HPL ONL		
3.	Have you ever been convicted or arrested for a crime (other than minor traffic violations) not previously reported to the Board?		YES	NO			
Э.	Are you now or have you ever been licensed in DC or any other state/jurisdict section 6B of this form.)	ion? (If "Yes," be su	ire to complete	YES	NO		
Э.	Have you ever been party to a malpractice action or had a malpractice action brou	ght against you?		YES	NO		
Ξ.	Have you ever voluntarily surrendered a license after formal charges have be investigation?	en filed against you	or while under	YES	NO		
	Has any authority taken adverse action against your license or privileges or infor previously reported to this board?	med you of any pend	ng charges not	YES	NO		
3.	Have you ever surrendered your clinical privileges or had your	denied, revoked or su	spended at any	YES	NO		
Ⅎ.	Have you ever been terminated from or resigned from a clinical or professional train	ining program?		YES	NO		
•	Do you have a physical or medical condition that currently impairs your ability to pr	ractice nursing?		YES	NO		
	Has the use of drugs and/or alcohol resulted in an impairment of your ability to pra	ctice your profession?		YES	NO		
ζ.	Have you withdrawn an application (in DC or any other state/jurisdiction) to p authority taken adverse action against your license of privileges, or are you authority for any violation of state, federal, or local law, or has any authority info previously reported to this Board?	currently under inves	tigation by any	YES	NO		

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SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.									
L. Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES N	90							
SECTION 8. LICENSEE AFFIDAVIT									
I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.									
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LICENSEE SIGNATURE NAME (Please Print) DATE									
Subscribed and sworn to before me this day of, by the affiant, who per appeared before me.	rsonally								
		HPLA ONLY							
NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES (NOTARY SEA	L)								

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.